

# EXHIBIT A



Thomas C. Wright, Jr., M.D.

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<p>1 March 29, 2016</p> <p>2 9:10 a.m.</p> <p>3</p> <p>4</p> <p>5 Deposition of THOMAS C. WRIGHT,</p> <p>6 JR., M.D., held at the offices of Butler</p> <p>7 Snow, LLP, 1700 Broadway, New York, New</p> <p>8 York, before Mary F. Bowman, a Registered</p> <p>9 Professional Reporter, Certified Realtime</p> <p>10 Reporter, and Notary Public of the State of</p> <p>11 New Jersey.</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p>1 (Exhibit 1, Expert Report of Dr.</p> <p>2 Thomas Wright marked for</p> <p>3 identification, as of this date.)</p> <p>4 (Exhibit 2, Curriculum Vitae of</p> <p>5 Dr. Thomas Wright marked for</p> <p>6 identification, as of this date.)</p> <p>7 (Exhibit 3, Thomas Wright's</p> <p>8 Supplemental Reliance List in Addition</p> <p>9 to Materials Referenced in His Report,</p> <p>10 MDL Wave 1 marked for identification,</p> <p>11 as of this date.)</p> <p>12 THOMAS C. WRIGHT, JR., M.D.,</p> <p>13 called as a witness by the plaintiffs,</p> <p>14 having been duly sworn, testified as</p> <p>15 follows:</p> <p>16 EXAMINATION BY</p> <p>17 MR. PERDUE:</p> <p>18 Q. Good morning, Dr. Wright. My</p> <p>19 name is Jim Perdue. I am here on behalf of</p> <p>20 plaintiffs, that is women who have brought</p> <p>21 claims against Ethicon in a consolidated</p> <p>22 litigation in federal court.</p> <p>23 Do you understand that?</p> <p>24 A. I do.</p>
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<p>1 APPEARANCES:</p> <p>2</p> <p>3 PERDUE &amp; KIDD, ESQS.</p> <p>4 Attorneys for Plaintiffs</p> <p>5 510 Bering Drive, Suite 550</p> <p>6 Houston, TX 77057</p> <p>7 BY: JIM M. PERDUE, JR., ESQ.</p> <p>8</p> <p>9</p> <p>10</p> <p>11 THOMAS, COMBS &amp; SPANN, ESQS.</p> <p>12 Attorneys for Ethicon</p> <p>13 300 Summers Street, Suite 1380</p> <p>14 Charleston, West Virginia 25301</p> <p>15 BY: PHILIP COMBS, ESQ.</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p>1 Q. We had an opportunity to meet</p> <p>2 briefly before we began today. You</p> <p>3 understand that you are here to give your</p> <p>4 deposition on a general basis regarding</p> <p>5 your opinions in that litigation?</p> <p>6 A. I do.</p> <p>7 Q. You have issued a report of your</p> <p>8 general opinions in that litigation?</p> <p>9 A. I have.</p> <p>10 Q. In front of you, Dr. Wright, I</p> <p>11 have marked Exhibit, Wright Exhibit 1. Can</p> <p>12 you identify that for us?</p> <p>13 A. This is my expert report, the</p> <p>14 general report on the litigation.</p> <p>15 Q. So that we are clear and</p> <p>16 understand exactly what Exhibit 1</p> <p>17 represents, is it fair to describe</p> <p>18 Exhibit 1 as an effort by you, Dr. Wright,</p> <p>19 to describe your opinions as they relate to</p> <p>20 the Ethicon Prolene Soft Mesh and any</p> <p>21 products in which it is included?</p> <p>22 A. That is correct.</p> <p>23 Q. So that we have the parameters of</p> <p>24 today's deposition, you are by specialty a</p>

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<p>1 pathologist, correct?</p> <p>2 A. Correct.</p> <p>3 Q. And within the field of</p> <p>4 pathology, there are some subspecialties.</p> <p>5 As I understand it, you are an anatomic</p> <p>6 pathologist?</p> <p>7 A. Correct.</p> <p>8 Q. That means, Doctor, that your</p> <p>9 medical practice has been one in which you</p> <p>10 have looked at and interpreted tissue</p> <p>11 samples over your career, fair?</p> <p>12 A. Fair.</p> <p>13 Q. You have not been a clinician in</p> <p>14 your medical practice?</p> <p>15 MR. COMBS: Object to form.</p> <p>16 Q. There will be times --</p> <p>17 A. In which I don't know what to do.</p> <p>18 Q. I will talk to you about your</p> <p>19 history testifying in a second.</p> <p>20 There will be times today where</p> <p>21 counsel for Ethicon may make an objection.</p> <p>22 That objection can only be ruled on by</p> <p>23 somebody who is not in the room today.</p> <p>24 So for the purposes of the</p>	<p>1 patients having preinvasive cervical</p> <p>2 disease.</p> <p>3 Q. And colposcopy is basically a</p> <p>4 cervical biopsy?</p> <p>5 A. Colposcopy is looking at the</p> <p>6 cervix with a microscope, a long-range,</p> <p>7 dissecting microscope. We look, we</p> <p>8 identify areas of abnormality, we take</p> <p>9 biopsies, and then if we find a</p> <p>10 precancerous condition, we treat it locally</p> <p>11 with excessive types of methods.</p> <p>12 Q. Let me back up to your</p> <p>13 background, training and experience.</p> <p>14 Can you tell us, Dr. Wright, what</p> <p>15 Wright Exhibit 2, which is marked and is in</p> <p>16 front of you, is?</p> <p>17 A. This is my CV.</p> <p>18 Q. Does your CV in effect serve as</p> <p>19 your resume and a description of your</p> <p>20 education, training and experience in the</p> <p>21 field of medicine?</p> <p>22 A. It does.</p> <p>23 Q. If I look at Wright Exhibit 2,</p> <p>24 Doctor, I see that you completed a</p>
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<p>1 transcript, he will make an objection,</p> <p>2 preserve it for the record, and then the</p> <p>3 day will come where that objection may be</p> <p>4 heard, but you get to go ahead and answer</p> <p>5 to the best of your ability. Fair?</p> <p>6 MR. COMBS: At all times today,</p> <p>7 go ahead and answer the question,</p> <p>8 unless I were to direct you not to</p> <p>9 answer. The likelihood of that</p> <p>10 happening is very small. It would only</p> <p>11 be if Mr. Perdue were to ask a question</p> <p>12 that I thought invoked privileged</p> <p>13 materials or something like that.</p> <p>14 For the vast majority, what will</p> <p>15 happen today, either if I'm asking a</p> <p>16 question and Mr. Perdue objects, or if</p> <p>17 he asks you a question and I object,</p> <p>18 you just keep rolling.</p> <p>19 THE WITNESS: OK.</p> <p>20 MR. COMBS: We will let you know</p> <p>21 if anything changes.</p> <p>22 A. For a number of years at</p> <p>23 Columbia, I ran the colposcopy clinic,</p> <p>24 which is pretty invasive disease. So I saw</p>	<p>1 residency in pathology, true?</p> <p>2 A. That is correct.</p> <p>3 Q. And then after your residency in</p> <p>4 pathology, you went on to do what's called</p> <p>5 a fellowship in gynecologic/obstetric</p> <p>6 pathology some years later, fair?</p> <p>7 A. Fair.</p> <p>8 Q. The difference between a</p> <p>9 residency and a fellowship is, after a</p> <p>10 student of medical school attends three</p> <p>11 years of medical school, they essentially</p> <p>12 choose their specialty path going forward,</p> <p>13 true?</p> <p>14 A. Yes.</p> <p>15 Q. Your choice as of the third year</p> <p>16 of medical school, or your placement, was</p> <p>17 in the field, the subspecialty of medicine</p> <p>18 called pathology, correct?</p> <p>19 A. Correct.</p> <p>20 Q. From the practice then as a</p> <p>21 pathologist after completed a residency,</p> <p>22 you continued on to do some subspecialty</p> <p>23 education called a fellowship training in</p> <p>24 obstetric and gynecologic pathology, fair?</p>

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<p>1 attending or a consultant, that would</p> <p>2 involve looking at the specific pathology</p> <p>3 in that specific case and coming up with a</p> <p>4 pathologic diagnosis?</p> <p>5 A. Correct.</p> <p>6 Q. Broader than just a</p> <p>7 case-specific, whether attending or</p> <p>8 consultant, have you ever, in any context,</p> <p>9 analyzed multiple patients or multiple</p> <p>10 experiences or research involved with the</p> <p>11 histopathology of female tissue response to</p> <p>12 polypropylene meshes?</p> <p>13 A. I have looked at a number of</p> <p>14 cases through this litigation.</p> <p>15 Q. Again, in this particular</p> <p>16 litigation, you have looked at multiple</p> <p>17 individual cases and have issued</p> <p>18 corresponding individual reports regarding</p> <p>19 those reviews, fair?</p> <p>20 A. Fair.</p> <p>21 Q. But outside of the judicial</p> <p>22 context, it is fair to say that you have</p> <p>23 never engaged in a systemic review of cases</p> <p>24 or literature related to the topic of</p>	<p>1 the diagnosis and treatment of female</p> <p>2 pelvic organ prolapse?</p> <p>3 A. Correct.</p> <p>4 Q. You are not a urologist by</p> <p>5 training?</p> <p>6 A. Correct.</p> <p>7 Q. You are not a urogynecologist by</p> <p>8 training?</p> <p>9 A. Correct.</p> <p>10 Q. You are not a gynecologist by</p> <p>11 training?</p> <p>12 A. Correct.</p> <p>13 Q. You do not and have not performed</p> <p>14 gynecologic surgery?</p> <p>15 A. Correct.</p> <p>16 Q. You do not and have not performed</p> <p>17 urologic surgery?</p> <p>18 A. Correct.</p> <p>19 Q. Fair to say you have never</p> <p>20 implanted a mid-urethral sling?</p> <p>21 A. Correct.</p> <p>22 Q. Fair to say that you have never</p> <p>23 implanted a pelvic organ prolapse mesh?</p> <p>24 A. Correct.</p>
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<p>1 polypropylene mesh and human tissue</p> <p>2 response?</p> <p>3 A. Correct.</p> <p>4 Q. So the record is clear, because</p> <p>5 you mentioned -- when you talked about as a</p> <p>6 pathologist having some clinical</p> <p>7 experience, that experience is uniquely</p> <p>8 involved in the procedure called</p> <p>9 colposcopy, as I understand it?</p> <p>10 MR. COMBS: Object to form.</p> <p>11 A. Correct.</p> <p>12 Q. Colposcopy being a procedure to</p> <p>13 diagnose a condition but also may be an</p> <p>14 interventional procedure to treat upon</p> <p>15 diagnosis?</p> <p>16 A. Correct.</p> <p>17 Q. And other than that specific</p> <p>18 instance, it is fair to say that you are</p> <p>19 not in a practice that involves the</p> <p>20 diagnosis and treatment of stress urinary</p> <p>21 incontinence?</p> <p>22 A. Correct.</p> <p>23 Q. You are not in a practice and</p> <p>24 have never been in a practice that involved</p>	<p>1 Q. Fair to say you have never</p> <p>2 excised portions of a mid-urethral sling?</p> <p>3 A. Correct.</p> <p>4 Q. Fair to say you have never</p> <p>5 excised portions of a pelvic organ prolapse</p> <p>6 mesh?</p> <p>7 A. Correct.</p> <p>8 Q. Any involvement that you would</p> <p>9 have in the issue of tissue response and</p> <p>10 polypropylene mesh would be within the</p> <p>11 specialty of pathology, correct?</p> <p>12 A. Correct.</p> <p>13 Q. So that is not a practice that</p> <p>14 involves seeing the patient in an office</p> <p>15 setting, correct?</p> <p>16 A. Correct.</p> <p>17 Q. It is not a practice that</p> <p>18 involves diagnosing a patient before a</p> <p>19 surgical procedure?</p> <p>20 A. Correct.</p> <p>21 Q. It is not a practice that</p> <p>22 involves making a clinical diagnosis on a</p> <p>23 patient after a procedure?</p> <p>24 A. Correct.</p>

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<p>1 (Discussion off the record)</p> <p>2 Q. I did not see in your report, and</p> <p>3 based on the last answer, I want to</p> <p>4 understand, as far as the design history of</p> <p>5 Prolene mesh, are you familiar at all or</p> <p>6 have any opinions regarding the design</p> <p>7 history of Prolene mesh?</p> <p>8 A. I do not.</p> <p>9 Q. Whether a sufficient design</p> <p>10 analysis or failure analysis was done on</p> <p>11 this product before Ethicon put it on the</p> <p>12 market, fair to say you do not have any</p> <p>13 opinions one way or the other?</p> <p>14 A. No opinion.</p> <p>15 Q. As a pathologist, then, we have</p> <p>16 already established you have never treated</p> <p>17 before surgery or followed up after surgery</p> <p>18 a woman suffering from stress urinary</p> <p>19 incontinence or pelvic organ prolapse?</p> <p>20 A. Correct.</p> <p>21 Q. The histology related to those</p> <p>22 disease states is something you're familiar</p> <p>23 with from your experience?</p> <p>24 A. Correct.</p>	<p>1 would have been -- outside of a litigation</p> <p>2 context, but in the actual experience and</p> <p>3 training of you as a pathologist, the way</p> <p>4 you would encounter tissue response to</p> <p>5 polypropylene mesh would be for a pathology</p> <p>6 sample to be excised by someone else in the</p> <p>7 operating room and sent to the pathology</p> <p>8 department, and that sample would be</p> <p>9 assigned to you?</p> <p>10 A. Correct.</p> <p>11 Q. That's the way that you would</p> <p>12 have, in your experience, ever come across</p> <p>13 one of these samples, fair?</p> <p>14 A. Correct.</p> <p>15 Q. And the extent of which you were</p> <p>16 familiar in your practice with what that</p> <p>17 individual woman's clinical symptoms were,</p> <p>18 were on the pathology requisition form,</p> <p>19 correct?</p> <p>20 A. Correct.</p> <p>21 Q. So her other comorbidities, other</p> <p>22 symptomatology, before or after that</p> <p>23 surgery, was not something that you would</p> <p>24 have been aware of in your practice of</p>
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<p>1 Q. But the clinical effect of mesh</p> <p>2 to treat those disease states is not</p> <p>3 something within your practice, fair?</p> <p>4 A. Can you explain "clinical</p> <p>5 effect"?</p> <p>6 Q. So you have never in your</p> <p>7 practice examined, interviewed, treated a</p> <p>8 woman for stress urinary incontinence or</p> <p>9 pelvic organ prolapse after they have been</p> <p>10 implanted with mesh?</p> <p>11 A. Correct.</p> <p>12 Q. You have never come across a</p> <p>13 situation as a pathologist where you needed</p> <p>14 to analyze whether a mesh was effective in</p> <p>15 curing an individual woman of stress</p> <p>16 urinary incontinence or pelvic organ</p> <p>17 prolapse?</p> <p>18 A. Correct.</p> <p>19 Q. Fair to say that's just not</p> <p>20 something in the field of pathology that</p> <p>21 you would come across in your experience,</p> <p>22 correct?</p> <p>23 A. Correct.</p> <p>24 Q. As I understand your role, that</p>	<p>1 pathology, correct?</p> <p>2 A. Correct.</p> <p>3 Q. And the clinical indications that</p> <p>4 you can recall seeing in your personal</p> <p>5 experience for pathological samples</p> <p>6 submitted to you that involved mesh would</p> <p>7 have been pain or erosion of mesh?</p> <p>8 A. Correct.</p> <p>9 Q. I've marked, Dr. Wright, as</p> <p>10 Exhibit 3, a document that was provided to</p> <p>11 us by Ethicon's counsel, which is, as you</p> <p>12 can see, titled "Thomas Wright's</p> <p>13 Supplemental Reliance List in Addition to</p> <p>14 Materials Referenced in His Report, MDL</p> <p>15 Wave 1."</p> <p>16 Do you see that, sir?</p> <p>17 A. I do.</p> <p>18 Q. Now, in your report, which we</p> <p>19 have marked as Exhibit 1, there are 33</p> <p>20 footnotes, correct?</p> <p>21 A. References.</p> <p>22 Q. References.</p> <p>23 A. Correct.</p> <p>24 Q. And I take it then by the</p>

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<p style="text-align: right;">Page 146</p> <p>1 Q. So your report concludes, "As the 2 literature and my own experience have 3 shown, the histologic findings cannot be 4 correlated with clinical complications, 5 particularly in regards to inflammation, 6 foreign body response and fibrosis, where 7 histology studies have rejected such a 8 correlation." 9 Do you see that? 10 A. No. What page are you on? 11 Q. I'm on page 11 and 12. 12 A. Sorry, I was in the conclusion. 13 Q. Yeah. I'm leaving the Occulip 14 stuff. Sorry. Yeah, the very bottom 15 there. Before the Occulip stuff. 16 A. "As the literature and my own 17 experience have shown" -- correct? 18 Q. Yes, sir. 19 A. Correct. 20 Q. And so it is your position -- 21 that is your position, as Dr. Wright, 22 pathologist, even after we've reviewed the 23 Hill article, correct? 24 A. Correct.</p>	<p style="text-align: right;">Page 148</p> <p>1 it came from? 2 A. And was it a TVT would be listed. 3 Is -- and we know anterior versus 4 posterior, if it was a mesh. I might. 5 They may say "posterior." 6 Q. Your personal experience with 7 looking at excised mesh can't give us any 8 data as far as the numbers of TVT versus 9 POP -- Ethicon versus other manufacturers? 10 A. Correct. 11 Q. You have no way of knowing in 12 your personal experience how much of it may 13 have been Prolene versus Prolene Soft, 14 correct? 15 A. Correct. 16 Q. Is it ultimately your opinion 17 that there is no pathology finding that 18 would be seen in a microscope of 19 inflammation, foreign body response, nerve 20 entrapment, fibrosis formation, that in 21 your opinion correlates to a clinical 22 symptom of pain, dysfunction, sexual or 23 urinary -- you know, that? 24 MR. COMBS: Object to form.</p>
<p style="text-align: right;">Page 147</p> <p>1 Q. And also we have talked about 2 your personal experience in reviewing 3 explanted meshes? 4 A. Correct. 5 Q. Can you give us an estimate of 6 the number of explanted tissue-mesh samples 7 that you have reviewed in your career? 8 A. We review a handful a year at 9 Columbia. And all -- 10 Q. Four to five? 11 A. Four to five. And it's been 12 since 2000 when they first started. 13 Q. So if we started in 2000 and just 14 estimated four to five -- 15 A. You know, 40. 16 Q. So 40 -- 17 A. 40 to 50. 18 Q. OK. As we have already 19 identified, of that 40 to 50, you do not 20 know what the mesh -- whose mesh it was, 21 where it came from, or its mesh 22 characteristics, correct? 23 A. I would know where it came from. 24 Q. You would know where in the body</p>	<p style="text-align: right;">Page 149</p> <p>1 Q. I didn't want to say erosion, 2 because you told me you can see 3 pathologically erosion. 4 A. Erosion has clear pathological 5 features. 6 Q. That's why I wanted to stop at 7 that waterfront, Doctor. 8 So my question is this: Is it 9 your opinion that there is no pathological 10 finding under the microscope that involves 11 either inflammation, foreign body response, 12 fibrosis or nerve entrapment that in your 13 opinion, you would correlate to a clinical 14 complaint of pain, or sexual or urinary or 15 defecatory dysfunction? 16 MR. COMBS: Object to form. 17 A. With nerve entrapment, this is a 18 different -- a large nerve such as a 19 pudendal nerve that was entrapped in mesh, 20 that would clearly cause a nerve 21 entrapment, as opposed to nerve twigs. I 22 just want to be specific. 23 Q. OK. 24 A. The entity of nerve entrapment</p>

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<p>1 2-by-7-centimeter TVT sling, you have that</p> <p>2 microscopic event on a much, much grander</p> <p>3 scare, fair?</p> <p>4 A. I take the brick and I make it</p> <p>5 into a brick wall.</p> <p>6 Q. That's right.</p> <p>7 So that brick wall can be the</p> <p>8 size of a sling or it can be a brick</p> <p>9 building the size of a POP mesh, fair?</p> <p>10 A. Fair.</p> <p>11 Q. What you are seeing at the level</p> <p>12 of a single brick is different than what</p> <p>13 may be going on, on a gross level, fair?</p> <p>14 A. The individual components, the</p> <p>15 host tissue response to the individual</p> <p>16 components is the same, which is what I was</p> <p>17 responding to. It is just that there are</p> <p>18 many more individual components.</p> <p>19 Q. Right.</p> <p>20 And so for example -- well,</p> <p>21 you -- for the ladies and gentlemen of the</p> <p>22 jury, what is your pathologic understanding</p> <p>23 of what a suture, a Prolene permanent</p> <p>24 suture is designed to do?</p>	<p>1 suture does not translate to what a</p> <p>2 female's symptomatology or clinical</p> <p>3 presentation may be for an integrated</p> <p>4 pelvic mesh?</p> <p>5 A. Correct.</p> <p>6 MR. PERDUE: OK. I think I had</p> <p>7 one other, but I'm finished. I'm done.</p> <p>8 Thank you, Doctor.</p> <p>9 EXAMINATION BY</p> <p>10 MR. COMBS:</p> <p>11 Q. Dr. Wright, what is the</p> <p>12 discipline that makes the determination of</p> <p>13 a cause of the symptomatology of a woman who</p> <p>14 has had implanted mesh? Is that a</p> <p>15 pathologist or urogynecologist?</p> <p>16 A. That would be a urogynecologist.</p> <p>17 Q. I should have asked that question</p> <p>18 first. Off the record.</p> <p>19 (Time Noted: 12:35 p.m.)</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
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<p>1 A. It is designed to provide a</p> <p>2 robust, long-lasting holding the structures</p> <p>3 together.</p> <p>4 Q. It is --</p> <p>5 A. A permanent suture.</p> <p>6 Q. It is a stitch?</p> <p>7 A. It is a stitch, correct.</p> <p>8 Q. So you have two areas of tissue</p> <p>9 that have been cut, and to hold them</p> <p>10 together, you put in some number of</p> <p>11 sutures, correct?</p> <p>12 A. Correct.</p> <p>13 Q. And then the tissue grows back to</p> <p>14 each other through the inflammatory</p> <p>15 response and in the chronic inflammatory</p> <p>16 matrix response as we have discussed today,</p> <p>17 correct?</p> <p>18 A. Correct.</p> <p>19 Q. A suture is not designed or</p> <p>20 intended to be a framework for tissue</p> <p>21 integration, correct?</p> <p>22 A. Correct.</p> <p>23 Q. So the fact that you see on a</p> <p>24 localized basis a cellular response to a</p>	<p>1 CERTIFICATE</p> <p>2 STATE OF NEW JERSEY )</p> <p>3 )ss:</p> <p>4 COUNTY OF UNION )</p> <p>5 I, MARY F. BOWMAN, a Registered</p> <p>6 Professional Reporter, Certified</p> <p>7 Realtime Reporter, and Notary Public</p> <p>8 within and for the State of New Jersey,</p> <p>9 do hereby certify:</p> <p>10 That THOMAS C. WRIGHT, JR., M.D.,</p> <p>11 the witness whose deposition is</p> <p>12 hereinbefore set forth, was duly sworn</p> <p>13 by me and that such deposition is a</p> <p>14 true record of the testimony given by</p> <p>15 such witness.</p> <p>16 I further certify that I am not</p> <p>17 related to any of the parties to this</p> <p>18 action by blood or marriage and that I</p> <p>19 am in no way interested in the outcome</p> <p>20 of this matter.</p> <p>21 In witness whereof, I have</p> <p>22 hereunto set my hand this 29th day of</p> <p>23 March, 2016.</p> <p>24 _____</p>

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